UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/684,820	10/15/2003	Charles S. Fox JR.	CRNI.108009	9869

46169 7590 09/04/2008
SHOOK, HARDY & BACON L.L.P.
Intellectual Property Department
2555 GRAND BOULEVARD
KANSAS CITY, MO 64108-2613

EXAMINER	
RANGREJ, SHEETAL	
ART UNIT	PAPER NUMBER
3626	
MAIL DATE	DELIVERY MODE
09/04/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	**Application No.** 10/684,820	**Applicant(s)** FOX ET AL.	
	Examiner SHEETAL R. RANGREJ	**Art Unit** 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE _3_ MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on _11 July 2008_.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) _1,2,5-16,18-24 and 26-46_ is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) _1-2, 5-16, 18-24, and 26-46_ is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☐ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Prosecution History Summary

1. Claims 1, 12, 24, 36, and 41 are amended.

2. Claims 1-2, 5-16, 18-24, and 26-46 are pending.

Continued Examination Under 37 CFR 1.114

3. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 07/11/2008 has been entered.

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

5. Claims 1-2, 5-7, 9-12, 14, 16, 18-24, 26-30, 32-36, 38, and 40-46 rejected under 35 U.S.C. 103(a) as being unpatentable over De La Huerga (U.S. Publication No. 2002/0038392 in

view PR Newswire, Omnicell Purchases Bedside Solution ('892 (02/11/2008): Document U; herein after Omnicell).

6. As per claim 1, De La Huerga teaches a system for managing patient care, the system comprising:

-a caregiver identification device including a caregiver identifier associating a caregiver to caregiver data for the caregiver in the central information system, the caregiver data for the caregiver including assigned tasks for the caregiver **(De La Huerga: figures 3 & 4)**;

-a patient identification device including a patient identifier linking a patient to a patient record in the central information system **(De La Huerga: figures 1 & 2)**; and

-a portable information device for collecting data from the patient identification device and the caregiver identification device **(De La Huerga: claim 1; para. 30)**.

De La Huerga, however, fails to expressly teach a system for managing patient care, the system comprising: -a central information system including a central database containing patient records for a plurality of patients, task-related information for at least a portion of the plurality of the patients, and caregiver data for a plurality of caregivers, wherein the caregiver data for each caregiver includes one or more tasks assigned to that caregiver; and -a portable information device for communicating with the central information system to access the patient record and the caregiver data for the caregiver including the assigned tasks for the caregiver.

Nevertheless, these features are old and well known in the art as evidenced by Omnicell. In particular, Omnicell teaches a system for managing patient care, the system comprising: -a central information system including a central database containing patient records for a plurality of patients, task-related information for at least a portion of the plurality of the patients, and caregiver data for a plurality of caregivers, wherein the caregiver data for each caregiver includes one or more tasks assigned to that caregiver **(Omnicell: p. 1)**; and -a portable information device for communicating with the central information system to access the patient record and the caregiver data for the caregiver including the assigned tasks for the caregiver **(Omnicell: p. 1)**.

One of ordinary skill in the art at the time of the invention would have found it obvious to combine the teachings of De La Huerga with Omnicell with the motivation of automating workflow process associated with medication administration and to ensure patient safety **(Omnicell: p.1)**.

7. As per claim 2, De La Huerga further teaches wherein the portable information device includes an embedded bar code reader **(De La Huerga: para. 0030)** and the patient identification device comprises a machine readable identifier **(De La Huerga: para. 0092)**.

8. As per claim 5, De La Huerga further teaches further comprising a medication identification device including a machine readable identifier identifying a particular medication, wherein the central information system further comprises medication data **(De La Huerga: para. 0108-0111)**.

9. As per claim 6, De La Huerga further comprising a medical device identification device including a machine readable identifier identifying a particular medical device, wherein the central information system further comprises medical device data **(De La Huerga: para. 0045)**.

10. As per claim 7, De La Huerga further comprising a patient link server device for locally caching patient data **(De La Huerga: para. 0093)** such that patient data is available when the central system is unavailable **(De La Huerga: para. 0094-0095)**.

De La Huerga, however, fails to expressly teach a patient link server device for communicating with the portable information device and the central information system wherein the patient link server device is operable to cache patient data from the central information system and wherein the patient link server device is also operate to cache patient data from the portable information device when the central information system is unavailable and subsequently provide the patient data from the portable information device to the central information system when the central information system becomes available.

Nevertheless, these features are old and well known in the art as evidenced by Omnicell. In particular, Omnicell teaches a patient link server device for communicating with the portable information device and the central information system **(Omnicell: p. 1)** and, wherein the patient link server device is operable to cache patient data from the central information system **(Omnicell: p.1; i.e. SafetyMed system)** and wherein the patient link server device is also operate to cache patient data from the portable information device when the central information system is unavailable and subsequently provide the patient data from the portable information device to the central information system when the central information system becomes available **(Omnicell: p.1; automatic documentation)**.

11. As per claim 9, Omnicell further teaches wherein the patient link server includes one of wireless and wired communication tools for communicating with the central information system and the portable information device **(Omnicell: p.1)**.

12. As per claim 10, De La Huerga further teaches further comprising a device link server for locally controlling a device **(De La Huerga: para. 0045)**.

13. As per claim 11, Omnicell further teaches wherein the portable information device includes wireless communication tools for communicating wirelessly with the central information system **(Omnicell: p. 1)**.

14. Claims 12 and 14 recite substantially similar limitations as those already addressed in claims 1 and 7, and, as such, are rejected for similar reasons as given above.

15. For claim 16, please see citations and remarks of claim 2.

16. As per claim 18, Omnicell further teaches wherein the central information additionally includes caregiver data including assigned tasks for each of the plurality of caregivers **(Omnicell: p.1)**.

17. As per claim 19, Omnicell further teaches further comprising a caregiver identification device including a caregiver identifier associated with the caregiver data in the central information system, wherein the portable information device communicates with the central information system to verify the caregiver identifier **(Omnicell: p.1)**.

18. For claim 20, please see citations and remarks of claim 5.

19. As per claim 21, De La Huerga further teaches a system comprising medical device data **(De La Huerga: para. 0045)**.

De La Huerga, however, fails to expressly teach a central server system.

Nevertheless, these features are old and well known in the art as evidenced by Omnicell. In particular, Omnicell teaches a central server system containing data (i.e. medical device data) **(Omnicell: p.1)**.

20. As per claim 22, Omnicell further teaches wherein the patient link server includes at least one of wireless and wired communication tools for communicating with a central information system **(Omnicell: p.1)**.

21. As per claim 23, Omnicell further teaches wherein the portable information device includes wireless communication tools wirelessly with the device link server **(De La Huerga: claim 1; para. 0163)**.

22. As per claim 24, De La Huerga teaches a method for providing patient care using a system including a patient identifier associated with a patient, a caregiver identifier associated with a caregiver, a portable information device, and a central information system, the method comprising:

-retrieving the patient identifier and a caregiver identifier with the portable information device **(De La Huerga: para. 0157-0161)**

De La Huerga, however, fails to expressly teach a method for providing patient care using a system including a patient identifier associated with a patient, a caregiver identifier associated with a caregiver, a portable information device, and a central information system, the method comprising: -transmitting the patient identifier and a caregiver identifier from the portable information device to the central information system, wherein the central information system includes a central database containing: (1) a plurality of patient records for a plurality of patients, and (2) a plurality of caregiver records for a plurality of caregivers, wherein each caregiver record corresponds with a particular caregiver and includes one or more tasks assigned to that particular caregiver; and -receiving current patient related information from the central information system at the portable information device, the current patient related information including one or more tasks assigned to the caregiver as defined by the caregiver record for the caregiver contained in the central database of the central information system.

Nevertheless, these features are old and well known in the art as evidenced by Omnicell. In particular, Omnicell teaches a method for providing patient care using a system including a patient identifier associated with a patient, a caregiver identifier associated with a caregiver, a portable information device, and a central information system, the method comprising: -transmitting the patient identifier and a caregiver identifier from the portable information device to the central information system, wherein the central information system includes a central database containing: (1) a plurality of patient records for a plurality of patients, and (2) a plurality of caregiver records for a plurality of caregivers, wherein each caregiver record corresponds with a particular caregiver and includes one or more tasks assigned to that particular caregiver **(Omnicell: p. 1)**; and -receiving current patient related information from the central information system at the portable information device, the current patient related information including one or more tasks assigned to the caregiver as defined by the caregiver record for the caregiver contained in the central database of the central information system **(Omnicell: p. 1, para. 2)**.

23. As per claim 26, De La Huerga further teaches wherein retrieving the patient identifier comprises scanning a machine readable identifier with an embedded scanner in the portable information device **(De La Huerga: para. 0092-0098)**.

24. As per claim 27, De La Huerga further teaches wherein obtaining the caregiver identifier comprises scanning a machine readable identifier using an embedded scanner in the portable information device **(De La Huerga: para. 0100-0106)**.

25. As per claim 28, De La Huerga further teaches further comprising obtaining a medication identifier from an identification device including a machine readable identifier identifying a particular medication **(De La Huerga: para. 0112)**.

26. As per claim 29, De La Huerga further teaches further comprising obtaining a medical device identifier and accessing medical device records from the central information system **(De La Huerga: para. 0045)**.

27. As per claim 30, Omnicell further teaches further comprising recording tasks performed on the patient on a patient link server device by locally caching patient data from the portable information device, wherein the patient link server device provides the patient data to the central information system when the central information system is available **(Omnicell: p.1)**.

28. As per claim 32, Omnicell further teaches further comprising using wireless communication tools for communication between the patient link server and the portable information device **(Omnicell: p.1)**.

29. As per claim 33, De La Huerga further teaches further comprising locally controlling a device using a device link server **(De La Huerga: para. 0194)**.

30. As per claim 34, De La Huerga further teaches further comprising wirelessly communicating between the portable information device and the central information system **(Omnicell: p.1)**.

31. As per claim **35,** it is an article of manufacture claim which repeats the same limitations of claim **24,** the corresponding method claim, as a collection of executable instructions stored on machine readable media as opposed to a series of process steps. Since the teachings of **De La Huerga and Omnicell** disclose the underlying process steps that constitute the method of claim **24**, it is respectfully submitted that they likewise disclose the executable instructions that perform the steps as well. As such, the limitations of claim **35,** are rejected for the same reasons given above for claim 24.

32. As per claim 36, De La Huerga teaches a method for managing patient care using a central information system, a patient identification device including a patient identifier, a caregiver identification device including a caregiver identifier, a patient link server, and a portable information device, the method comprising: -processing the patient identifier and the caregiver identifier using the portable information device **(De La Huerga: para. 0157; para. 0160)**; -prompting the identified caregiver to perform at least one ordered task on the identified patient in accordance with instructions provided through the portable information device **(De La Huerga: para. 0101)**; -transferring information pertaining to a performed task from the portable information device to the patient link server **(De La Huerga: para. 0163)**; and caching the transferred information on the patient link server based on the central information system being unavailable **(De La Huerga: para. 0163)**.

De La Huerga, however, fails to expressly teach a method for managing patient care using a central information system, a patient identification device including a patient identifier, a caregiver identification device including a caregiver identifier, a patient link server, and a portable information device, the method comprising: -determining that the central information system is unavailable and -caching the transferred information on the patient link server; and when the central information system becomes available again, transferring the information from the patient link server to the central information system.

Nevertheless, these features are old and well known in the art as evidenced by Omnicell. In particular, Omnicell teaches a method for managing patient care using a central information system, a patient identification device including a patient identifier, a caregiver identification device including a caregiver identifier, a patient link server, and a portable information device, the method comprising: -determining that the central information system is unavailable **(Omnicell: 1; obvious that automatic updates are provided when connection to transfer is successful)**; and when the central information system becomes available again, transferring the information from the patient link server to the central information system **(Omnicell: p.1)**.

33. As per claim 38, De La Huerga further teaches further comprising a device link server for storing a record of information coming from a medical device **(De La Huerga: para. 0093)**.

34. As per claim 40, De La Huerga further teaches further comprising using an embedded scanner in the portable information device to perform patient identification **(De La Huerga: para. 0030)**.

35. As per claim 41, Omnicell further teaches wherein prompting the identified caregiver to perform the at least one ordered task on the identified patient comprises obtaining patient data including the at least one ordered task on the portable information device from a central information system **(Omnicell: p.1)**.

36. As per claim 42, Omnicell further teaches further comprising obtaining caregiver data from the central information system **(Omnicell: p.1)**.

37. As per claim 43, De La Huerga further teaches further comprising wirelessly transferring information pertaining to a performed task from the portable information device to the device link server **(De La Huerga: para. 0163)**.

38. As per claim 44, De La Huerga further teaches the method of claim 36, wherein prompting the identified caregiver to perform the at least one ordered task on the identified patient **(De La Huerga: para. 0101)** comprises: obtaining patient data including the at least one ordered task on the portable information device from the patient link server **(De La Huerga: para. 0101)**.

De La Huerga, however, fails to expressly teach determining that the central information system is currently unavailable; and wherein the patient link server previously received the patient data from the central information system and cached the patient data.

Nevertheless, these features are old and well known in the art as evidenced by Omnicell. In particular, Omnicell teaches determining that the central information system is currently unavailable **(Omnicell: p.1)**; and wherein the patient link server previously received the patient data from the central information system and cached the patient data **(Omnicell: p.1)**.

39. Claim 45 recite substantially similar limitations as those already addressed in claims 1 and 7, and, as such, are rejected for similar reasons as given above.

40. As per claim 46, De La Huerga teaches a method for managing patient care using a central information system, a patient identification device including a patient identifier for identifying a patient, a portable information device, and a patient link server including a patient link server identifier for identifying the patient link server, the method comprising:

-processing the patient identifier **(De La Huerga: para. 0091-0098)**, and the patient link server identifier using the portable information device **(De La Huerga: para. 0095)**;

- caching the patient-related information wherein the patient-related information is available from the patient link server when the central information system is unavailable **(De La Huerga: para. 0094-0095)**; and

- transferring information pertaining to a performed task from the portable information device to at least one of the patient link server and the central information system, wherein the information pertaining to the performed task is transferred from the portable information device to the patient link server when the central information system is unavailable **(De La Huerga: para. 0163)**.

De La Huerga, however, does not expressly teach -communicating the patient identifier and the patient link server identifier to the central information system; -associating the patient identifier and the patient link server identifier at the central information system; -communicating patient-related information for the patient from the central information system to the patient link server; -caching the patient-related information from the central information system at the patient link server; -prompting a caregiver to perform at least one ordered task on the patient in accordance with instructions provided through the portable information device, the instructions being obtained on the portable information device from the at least one of the central information system and the patient link server; and -information pertaining to a performed task from the portable information device to at least one of the patient link server and the central information system is subsequently transferred from the patient link server to the central information system when the central information system server becomes available.

Nevertheless, these features are old and well known in the art as evidenced by Omnicell. In particular, Omnicell teaches -communicating the patient identifier and the patient link server identifier to the central information system **(Omnicell : p.1)**; -associating the patient identifier and the patient link server identifier at the central information system **(Omnicell: p.1)**; -communicating patient-related information for the patient from the central information system to the patient link server **(Omnicell: p.1-2)**; -caching the patient-related information from the central information system at the patient link server **(Omnicell: p.1)**; -prompting a caregiver to perform at least one ordered task on the patient in accordance with instructions provided through the portable information device, the instructions being obtained on the portable information device from the at least one of the central information system and the patient link server **(Omnicell: p.1)**; and -information pertaining to a performed task from the portable information device to at least one of the patient link server and the central information system is subsequently transferred from the patient link server to the central information system when the central information system server becomes available **(Omnicell: p.1)**.

41. The motivation for claims 2, 5-7, 9-12, 14, 16, 18-24, 26-30, 32-36, 38, and 40-46 is the same as claim 1.

42. Claims 8, 13, 15, 31, 37, and 39 are rejected under 35 U.S.C. 103(a) as being unpatentable over De La Huerga (U.S. Publication No. 2002/0038392) in view of Omnicell and further in view of Engleson et al. (U.S. Patent No. 5,781,442).

43. As per claim 8, De La Huerga and Omnicell, however, fail to expressly teach wherein the patient link server comprises a web server accessible by a web browser to obtain patient information.

Engleson teaches wherein the patient link server comprises a web server accessible by a web browser to obtain patient information **(Engleson: col. 4, 64 to col. 5, 33)**.

One of ordinary skill in the art would have found it obvious at the time the invention was made with the motivation to provide a management system that combines all the services and units of a health care institution into an interrelated automated system **(Engleson: col. 1, 20-28)**.

44. As per claim 13, De La Huerga and Omnicell, however, fail to expressly teach wherein the device link server comprises a web server accessible to a web browser for obtaining device information.

Engleson teaches wherein the device link server comprises a web server accessible to a web browser for obtaining device information **(Engleson: col. 8, 14-34)**.

The motivation to combine the teachings is the same as claim 8.

45. For claim 15, please see citations, remarks, and motivations of claim 8.

46. As per claim 31, De La Huerga and Omnicell, however, fail to expressly teach further comprising accessing information on the patient link server through the use of a web browser.

Engleson teaches further comprising accessing information on the patient link server through the use of a web browser **(Engleson: col. 5, 3-13)**.

The motivation to combine the teachings is the same as claim 8.

47. As per claim 37, De La Huerga and Omnicell, however, fail to expressly teach further comprising accessing data from the patient link server using a web browser.

Engleson teaches further comprising accessing data from the patient link server using a web browser **(Engleson: col. 5, 3-13)**.

The motivation to combine the teachings is the same as claim 8.

48. As per claim 39, De La Huerga and Omnicell, however, fail to expressly teach further comprising accessing the device link server by implementing a web browser.

Engleson teaches further comprising accessing the device link server by implementing a web browser **(Engleson: col. 9, 26-31)**.

The motivation to combine the teachings is the same as claim 8.

Response to Arguments

49. Applicant's arguments with respect to claims 1 and 24 have been considered but are moot in view of the new ground(s) of rejection.

50. De La Huerga teaches a patient link server/device server (para. 163) in the transferring information from device to the infusion pump and Omnicell teaches the transferring of information from the device to the SafetyMed System (i.e. central information system).

51. Applicant states that Applicant could not find any mention of a web server/web browser feature of the dependent claims. Examiner points out the citations stated above and clarifies that Engleson provides a web server/web browser.

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to SHEETAL R. RANGREJ whose telephone number is (571) 270-1368. The examiner can normally be reached on M-F 8:30-5:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jerry O'Connor can be reached on (571) 272-6787. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or (571) 272-1000.

/Sheetal R. Rangrej/
Examiner, Art Unit 3626
August 29, 2008

/Gerald J. O'Connor/
Supervisory Patent Examiner
Group Art Unit 3626